

REQUEST FOR COURSE APPROVAL**ADMINISTRATOR CERTIFICATION PROGRAM****INSTRUCTIONS:**

Mail the request for approval to CDSS, ACS, 744 "P" Street, M.S. 199-47, Sacramento, CA 95814. Submit this request 60 days in advance of the date the class is offered. Submit a separate request and package for each course/program type.

(1) Course Program/Type (Check ☒ One Box)
☐ RCFE 40-Hour ☐ GH 40-Hour ☐ ARF 35- Hour ☐ RCFE CEU ☐ GH CEU ☐ ARF CEU
(2) Will this course be co-located with any other course program/type(s) ☐ YES ☐ NO

(co-locate means that the exact same course ARF/RCFE/GH to be taught in the same location at the same time)

If Yes, please provide course program/type and course number(s) if available: _____

(3) Name of Vendor

(4) Vendor Approval Number

(5) Phone Number

(6) Vendor Mailing Address

(7) Title of Course

(8) Dates Offered

(9) Total Classroom Hours

(10) Fee

I. Instructor(s) Qualifications: Include a current resume for each instructor. The vendor is responsible that all instructors meet the requirements set forth in regulations, Sections 87731.1, 84091.1, 85091.1(b)(5) through (7).

II. Description of Course: Show how course directly relates to the Core of Knowledge Guideline.

III. Objective of Course: What the student is expected to know upon completion of this course.

IV. Teaching Methods: Explain the types of teaching methods to be used.

V. Course Content: Detailed description of course content, hour-by-hour schedule of activities, and instructor for each segment.

VI. Method of Course Evaluation by Participants: Explain how participants will evaluate the course.

VII. Method of Evaluating Participants: Explain how you will evaluate the participants.

VIII. Types of Records to be Maintained and Address Where Records are Maintained.

IX. Address and/or Geographic Area Where the Course Will Be Presented

X. Make Up Policy for 40-Hour/35-Hour Initial Certification Courses Only

(11) I declare under penalty of perjury that the foregoing information is true and correct to the best of my knowledge.

(12) Printed Name of Vendor/Authorized Representative

(13) Signature of Vendor/Authorized Representative

(14) Title

(15) Date

(15) DO NOT WRITE BELOW THIS LINE

40/35 Hour Course Approval Number

Date Approved

CEU Course Approval Number

Date Approved

Approved by

Expiration Date

Use this additional space for Instructor(s):

NAME OF INSTRUCTOR

SOCIAL SECURITY NUMBER*

(5) Does the instructor currently possess or previously have held a license, certification or other approval as a professional in a specified field? If Yes, please indicate the type of license or certificate and number(s). ☐ YES ☐ NO

LICENSE NUMBER

CERTIFICATE NUMBER

(6) Does the instructor currently hold or previously have held a community care facility license, or has she/he been employed by a licensed community care facility? If Yes, please indicate the facility name and license number(s). ☐ YES ☐ NO

(7) Has the instructor been the subject of any administrative, legal or other action involving licensure, certification or other approvals as specified in (5) or (6) above? If Yes, please explain and provide dates. If additional space is needed, please attach to this application. ☐ YES ☐ NO

I declare under penalty of perjury that the foregoing information is true and correct to the best of my knowledge.

SIGNATURE

DATE

NAME OF INSTRUCTOR

SOCIAL SECURITY NUMBER*

(5) Does the instructor currently possess or previously have held a license, certification or other approval as a professional in a specified field? If Yes, please indicate the type of license or certificate and number(s). ☐ YES ☐ NO

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I declare under penalty of perjury that the foregoing information is true and correct to the best of my knowledge.

SIGNATURE

DATE

* Federal law (at Title 5 United States Code Section 552a Note) states that: Any federal, state, or local government agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it.

* Disclosure of Social Security Number(s) is optional.
